

(2)

MULTIPLE DEPENDENT CLAIMS
FEE CALCULATION SHEET
(DO NOT USE WITH FORM NO. 215)

FILING DATE 08/6/70, 119 | EXPIRE DATE

ATTORNEY NUMBER

CLAIM NO.	AS FILED		AMENDMENT		REVERSED AND AMENDED		CLAIMS		AS FILED		AMENDMENT		REVERSED AND AMENDED	
	IND.	TYPE	IND.	TYPE	IND.	TYPE	IND.	TYPE	IND.	TYPE	IND.	TYPE	IND.	TYPE
1							64							
2							52							
3							64							
4							51							
5							33							
6							36							
7							47							
8							30							
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37							87							
38	1	19					88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TAL							3							
2							112							
TAL							33							
F							31							
TAL							31							
AIMS							3							
D-138013-181							115							
1							36							
							34							